DATA SPECIFICATIONS HB/271 - Eligibility Inquiry 4010A1 Implementation Format

HIPAA - EDI Health Care - Eligibility, Coverage or Benefit Response

Version: Final

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Notes:	**For Leased-Line, Dial-Up and Batch Submissions**

271 Eligibility, Coverage or Benefit Response

Functional Group=HB

Guide Updates:

20050523 update: added BATCH submission transaction information to this guideline document.
20041021 update: added Dial-Up to the cover page, made the BHT03 Required, changed wording in NM103-05 in Subscriber Loop.
20040623 update: changed code '03' to '00' in ISA01, changed Medi-Cal Note in ISA02 to 'Spaces", added 2 more routing code options to ISA06, removed 'EDS' & routing code from GS02 & from NM109 in loop 2100A.
20040902 update: changed CIN to Primary ID in NM109 of Subscriber loop, added 'NQ' to REF01 of Subscriber loop, increased maximum segment occurrences in DTP from 5X to 9X & in MSG from 2X to 10X, and added some Segment Medi-Cal Notes re. Segment occurrences.

MEDI-CAL NOTE:

All loops and segments will appear in the exact sequence as they appear on page 3; however, the Leased-Line & Dial-Up transactions are restricted to one Subscriber loop per transaction.

Important note re. data element separators .. Between the first data element and the second data element (between 'ISA' & ISA01), a data element separator will appear. This is a character which should never used in any of the data fields. For Medi-Cal, we use '*' (asterisk). This first data element separator defines the data element separators used through the entire interchange response. A data element separator will always be needed after each data element used, or in place of each data element not used. Exception: No separators are used in place of trailing data elements. Trailing data elements are those which are NOT used and which come between the last data element used and the end of a segment. Also, the last data element used is followed only by a segment terminator (no data element separator).

Important note re. segment terminators .. After the first segment (the ISA Segment), a segment terminator will appear. This is a character which should never used in any of the data fields, and it is different from the data element separator and the component separator (see ISA16). For Medi-Cal, we use Hex '0D' for Leased-Line & Dial-Up and the caret ('^') for BATCH. This first segment terminator defines the segment terminators used through the entire interchange response. Segment terminators appear at the end of each segment used. No segment terminator is needed between, or in place of, segments which are NOT used.

Heading:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
010	ISA	Interchange Control Header	M	1			Required
020	GS	Functional Group Header	M	1			Required
030	ST	Transaction Set Header	M	1			Required
040	BHT	Beginning of Hierarchical Transaction	M	1			Required

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
LOOP ID - 2000A					**1**		
060	HL	Information Source Level	M	1			Required
070	AAA	Request Validation	O	9			Situational
LOOP ID - 2100A					**1**		
090	NM1	Information Source Name	M	1			Required
100	PER	Information Source Contact Information	O	3			Situational
110	AAA	Request Validation	O	9			Situational
LOOP ID - 2000B					**1**		
130	HL	Information Receiver Level	M	1			Required
LOOP ID - 2100B					**1**		
150	NM1	Information Receiver Name	M	1			Required
160	AAA	Information Receiver Request Validation	O	9			Situational
LOOP ID - 2000C					**99**		
180	HL	Subscriber Level	M	1			Required
190	TRN	Subscriber Trace Number	O	3			Situational
LOOP ID - 2100C					**1**		
210	NM1	Subscriber Name	M	1			Required
220	REF	Subscriber Additional Identification	O	9			Situational
230	N4	Subscriber City/State/ZIP Code	O	1			Situational
240	AAA	Subscriber Request Validation	O	9			Situational
250	DMG	Subscriber Demographic Information	O	1			Situational
260	DTP	Subscriber Date	O	9			Situational
LOOP ID - 2110C					**>1**		
280	EB	Subscriber Eligibility or Benefit Information	O	1			Situational
290	REF	Subscriber Additional Identification	O	9			Situational
300	DTP	Subscriber Eligibility/Benefit Date	O	20			Situational
310	AAA	Subscriber Request Validation	O	9			Situational
320	MSG	Message Text	O	10			Situational

Heading:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
330	LS	Loop Header	O	1			Situational

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
LOOP ID - 2120C					**1**		
350	NM1	Subscriber Benefit Related Entity Name	O	1			Situational
360	PER	Subscriber Benefit Related Entity Contact Information	O	3			Situational

Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
370	LE	Loop Trailer	O	1			Situational
380	SE	Transaction Set Trailer	M	1			Required
390	GE	Functional Group Trailer	M	1			Required
400	IEA	Interchange Control Trailer	M	1			Required

ISA Interchange Control Header

Pos: 010	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 16

User Option (Usage): Required

Comments:

1. The first data element separator ('*' for Medi-Cal) defines the data element separators to be used through the entire interchange response.
2. The segment terminator (Hex '0D' for Medi-Cal for Leased-Line & Dial-Up, '^' for BATCH) used after the ISA segment defines the segment terminator to be used throughout the entire interchange response.

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
ISA*00*.....*00*.....*ZZ*610442.....*ZZ*.....*YYMMDD*HHMM*U*00401*000000001*0*P*~(Hex'0D')

For BATCH:
ISA*00*.....*00*.....*ZZ*610442.....*ZZ*.....*YYMMDD*HHMM*U*00401*000000001*0*P*~^

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
ISA01	I01	**Authorization Information Qualifier** **Description:** Code to identify the type of information in the Authorization Information (ISA02). **Code** **Name** 00 No Authorization Information Present (No Meaningful Information in I02)	M	ID	2/2	Required	1
ISA02	I02	**Authorization Information** **Description:** Information used for additional identification or authorization of the interchange response sender; the type of information is set by the Authorization Information Qualifier (ISA01). **MEDI-CAL NOTE: Spaces.**	M	AN	10/10	Required	1
ISA03	I03	**Security Information Qualifier** **Description:** Code to identify the type of information in the Security Information (ISA04). **Code** **Name** 00 No Security Information Present (No Meaningful Information in I04)	M	ID	2/2	Required	1
ISA04	I04	**Security Information** **Description:** This is used for identifying the security information about the interchange response sender; the type of information is set by the Security Information Qualifier (ISA03). **MEDI-CAL NOTE: Spaces.**	M	AN	10/10	Required	1
ISA05	I05	**Interchange ID Qualifier** **Description:** Qualifier to designate the system/method of code structure used to designate the interchange response sender	M	ID	2/2	Required	1

		ID element being qualified. This ID qualifies the sender in ISA06. **Code** **Name** ZZ Mutually Defined					
ISA06	I06	**Interchange Sender ID** **Description:** Identification code published by the interchange response sender for other parties to use as the receiver ID to route data to them. **MEDI-CAL NOTE: '610442', left justify and pad with spaces.**	M	AN	15/15	Required	1
ISA07	I05	**Interchange ID Qualifier** **Description:** Qualifier to designate the system/method of code structure used to designate the interchange response receiver ID element being qualified. This ID qualifies the receiver in ISA08. **Code** **Name** ZZ Mutually Defined	M	ID	2/2	Required	1
ISA08	I07	**Interchange Receiver ID** **Description:** Identification code published by the interchange response receiver (sent in ISA06 of the 270 interchange inquiry) for other parties to use as the receiver ID to route data to them. **MEDI-CAL NOTE: For Leased-Line & Dial-Up: Provider Number plus Other Intermediary Code, left justify and pad with spaces. For BATCH: Submitter ID.**	M	AN	15/15	Required	1
ISA09	I08	**Interchange Date** **Description:** Date of the interchange response. **MEDI-CAL NOTE: Date in YYMMDD format.**	M	DT	6/6	Required	1
ISA10	I09	**Interchange Time** **Description:** Time of the interchange response. **MEDI-CAL NOTE: Time in HHMM format.**	M	TM	4/4	Required	1
ISA11	I10	**Interchange Control Standards Identifier** **Description:** Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange response header and trailer. **Code** **Name** U U.S. EDI Community of ASC X12, TDCC, and UCS	M	ID	1/1	Required	1
ISA12	I11	**Interchange Control Version Number** **Description:** Code specifying the version number of the interchange response control segments. **Code** **Name** 00401 Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	M	ID	5/5	Required	1
ISA13	I12	**Interchange Control Number** **Description:** Identifying control number, assigned and maintained by the interchange response sender, and must match IEA02. **MEDI-CAL NOTE: '000000001'. This number must be identical to IEA02.**	M	N9	9/9	Required	1

ISA14	I13	**Acknowledgment Requested** **Description:** Code sent by the interchange response receiver, sent in ISA14 of the 270 interchange inquiry, to request an interchange acknowledgment (TA1). **Code** **Name** 0 No Acknowledgment Requested	M	ID	1/1	Required	1
ISA15	I14	**Usage Indicator** **Description:** Code to indicate whether data enclosed by this interchange response envelope is test, production or information. **MEDI-CAL NOTE: For test transactions submitted in the BATCH mode, a 'T' will be returned; otherwise, a 'P' will be returned in all instances.** **Code** **Name** P Production Data T Test Data	M	ID	1/1	Required	1
ISA16	I15	**Component Element Separator** **Description:** The component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator. **MEDI-CAL NOTE: '~'.**	M	AN	1/1	Required	1

GS Functional Group Header

Pos: 020	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 8

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
GS*HB*610422*.....*CCYYMMDD*HHMMSSDD*000000001*X*004010X092A1(Hex'0D')

For BATCH:
GS*HB*610422*.....*CCYYMMDD*HHMMSSDD*000000001*X*004010X092A1^

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
GS01	479	**Functional Identifier Code** **Description:** Code identifying a group of application related transaction sets. **Code** **Name** HB Eligibility, Coverage or Benefit Information (271)	M	ID	2/2	Required	1
GS02	142	**Application Sender's Code** **Description:** Identification code published by the functional group sender for other parties to use as the receiver ID to route data to them. **MEDI-CAL NOTE: '610442'.**	M	AN	2/15	Required	1
GS03	124	**Application Receiver's Code** **Description:** Identification code published by the functional group receiver (sent in GS02 of the 270 interchange inquiry) for other parties to use as the receiver ID to route data to them. **MEDI-CAL NOTE: For Leased-Line & Dial-Up: Provider Number plus Other Intermediary Code. For BATCH: Submitter ID.**	M	AN	2/15	Required	1
GS04	373	**Date** **Description:** Creation date of the functional group. **MEDI-CAL NOTE: Date in CCYYMMDD format.**	M	DT	8/8	Required	1
GS05	337	**Time** **Description:** Creation time of the functional group, expressed in 24-hour clock time as follows: HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99). **MEDI-CAL NOTE: Time in HHMMSSDD**	M	TM	8/8	Required	1

		format.					
GS06	28	**Group Control Number** **Description:** Identifying control number, assigned and maintained by the functional group sender, and must match GE02. **MEDI-CAL NOTE: '000000001'. This number will be identical to GE02.**	M	N9	9/9	Required	1
GS07	455	**Responsible Agency Code** **Description:** Code identifying the issuer of the standard; this code is used in conjunction with Data Element GS08. **MEDI-CAL NOTE: 'X'.** **Code** **Name** X Accredited Standards Committee X12	M	ID	1/2	Required	1
GS08	480	**Version / Release / Industry Identifier Code** **Description:** Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; GS08 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers. **Code** **Name** 004010X092A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.	M	ID	1/12	Required	1

ST Transaction Set Header

Pos: 030	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line:
ST*271*000000001(Hex'0D')

For BATCH:
ST*271*000000001^

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
ST01	143	**Transaction Set Identifier Code** **Description:** Code uniquely identifying the Transaction Set. Use this code to identify the transaction set ID for the transaction set that will follow the ST segment. Each X12 standard has a transaction set identifier code that is unique to that transaction set. **Code** **Name** 271 Eligibility, Coverage or Benefit Information	M	ID	3/3	Required	1
ST02	329	**Transaction Set Control Number** **Description:** Identifying control number, assigned and maintained by the transaction set sender, and must match SE02. **MEDI-CAL NOTE: '000000001'. This number will be identical to SE02.**	M	N9	9/9	Required	1

BHT Beginning of Hierarchical Transaction

Pos: 040 **Max: 1**
Heading - Mandatory
Loop: N/A **Elements: 5**

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
BHT*0022*11*66666*CCYYMMDD*HHMMSSDD(Hex'0D')

For BATCH:
BHT*0022*11*66666*CCYYMMDD*HHMMSSDD^

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
BHT01	1005	**Hierarchical Structure Code** **Description:** Code indicating the hierarchical application structure of the transaction set that utilizes the HL segment to define the structure of the transaction set. This code specifies the sequence of hierarchical levels that may appear in the transaction set. This code only indicates the sequence of the levels, not the requirement that all levels be present. For example, if code “0022" is used, the dependent level may or may not be present for each subscriber (and it is not present for Medi-Cal transactions). **Code** **Name** 0022 Information Source, Information Receiver, Subscriber, Dependent	M	ID	4/4	Required	1
BHT02	353	**Transaction Set Purpose Code** **Description:** Code identifying purpose of transaction set. **Code** **Name** 11 Response	M	ID	2/2	Required	1
BHT03	127	**Reference Identification** **Description:** For Leased-Line or Dial-Up This element is to be used to trace the transaction from one point to the next point, such as when the transaction is passed from one clearinghouse to another clearinghouse. This identifier is not to be passed through the complete life of the transaction, rather replaced with the identifier received in the 270. **Industry: Submitter Transaction Identifier MEDI-CAL NOTE: An additional identifier if one was sent in BHT03 of the 270 transaction inquiry.**	M	AN	1/30	Required	1

BHT04	373	**Date** **Description:** Generation date of the transaction set. **Industry: Transaction Set Creation Date** **MEDI-CAL NOTE: Date in CCYYMMDD format.**	M	DT	8/8	Required	1
BHT05	337	**Time** **Description:** Generation time of the transaction set, expressed in 24-hour clock time as follows: HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99). **Industry: Transaction Set Creation Time** **MEDI-CAL NOTE: Time in HHMMSSDD format.**	M	TM	8/8	Required	1

Loop 2000A

Pos: 050 **Repeat: 1**
Mandatory
Loop: 2000A **Elements: N/A**

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
060	HL	Information Source Level	M	1		Required
070	AAA	Request Validation	O	9		Situational
080		Loop 2100A	M		1	Required

HL Information Source Level

Pos: 060	Max: 1
Detail - Mandatory	
Loop: 2000A	Elements: 3

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
HL*120*1(Hex'0D')**

For BATCH:
HL*120*1^**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
HL01	628	**Hierarchical ID Number** **Description:** A unique number assigned by the transaction set sender to identify a particular data segment in a hierarchical structure. Use the sequentially assigned positive number to identify each specific occurrence of an HL segment within the transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE). **MEDI-CAL NOTE: '1'.**	M	AN	1/1	Required	1
HL03	735	**Hierarchical Level Code** **Description:** Code defining the characteristic of a level in a hierarchical structure. All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment. **Code** **Name** 20 Information Source **Description:** Identifies the payor, maintainer, or source of the information.	M	ID	1/2	Required	1
HL04	736	**Hierarchical Child Code** **Description:** Code indicating if there are hierarchical child data segments subordinate to the level being described. **Code** **Name** 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.	M	ID	1/1	Required	1

AAA Request Validation

Pos: 070	Max: 9
Detail - Optional	
Loop: 2000A	Elements: 3

User Option (Usage): Situational

Comments:

1. Use of this segment at this location is to identify reasons why a request cannot be processed based on the entities identified in ISA06, ISA08, GS02 or GS03.

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
AAA*N41*P(Hex'0D')**
AAA*N42*R(Hex'0D')**
AAA*Y41*S(Hex'0D')**

For BATCH:
AAA*N41*P^**
AAA*N42*R^**
AAA*Y41*S^**

MEDI-CAL NOTE:

This segment can occur 9 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AAA01	1073	**Yes/No Condition or Response Code** **Description:** Code indicating a Yes or No condition or response. **Industry: Valid Request Indicator** **MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.**	M	ID	1/1	Required	1
		Code **Name** N No **Description:** Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03. Y Yes **Description:** Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.					
AAA03	901	**Reject Reason Code** **Description:** Code assigned by issuer to identify reason for rejection. Use this code for the reason why the transaction was unable to be processed successfully by the entity identified in either ISA06, ISA08, GS02 or GS03. **MEDI-CAL NOTE: See Appendix A in the Overview: AAA for Segment Table of Rejection codes.**	M	ID	2/2	Required	1
		Code **Name**					

		04 Authorized Quantity Exceeded **Description:** Use this code to indicate that the transaction exceeds the number of patient requests allowed by the entity identified in either ISA08 or GS03. See section 1.3.3 Business Uses for more information regarding the number of patient requests allowed in a transaction. This is not to be used to indicate that the number of patient requests exceeds the number allowed by the Information Source identified in Loop 2100A. 41 Authorization/Access Restrictions **Description:** Use this code to indicate that the entity identified in GS02 is not authorized to submit 270 transactions to the entity identified in either ISA08 or GS03. This is not to be used to indicate Authorization/Access Restrictions as related to the Information Source Identified in Loop 2100A. 42 Unable to Respond at Current Time **Description:** Use this code to indicate that the entity identified in either ISA08 or GS03 is unable to process the transaction at the current time. This indicates that there is a problem within the systems of the entity identified in either ISA08 or GS03 and is not related to any problem with the Information Source Identified in Loop 2100A. 79 Invalid Participant Identification **Description:** Use this code to indicate that the value in either GS02 or GS03 is invalid.					
AAA04	889	**Follow-up Action Code** **Description:** Code identifying follow-up actions allowed. Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable). **MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.**	M	ID	1/1	Required	1

Code	Name
C	Please Correct and Resubmit
N	Resubmission Not Allowed
P	Please Resubmit Original Transaction
R	Resubmission Allowed
S	Do Not Resubmit; Inquiry Initiated to a Third Party
Y	Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

Loop 2100A

Pos: 080	Repeat: 1
Mandatory	
Loop: 2100A	Elements: N/A

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
090	NM1	Information Source Name	M	1		Required
100	PER	Information Source Contact Information	O	3		Situational
110	AAA	Request Validation	O	9		Situational

NM1 Information Source Name

Pos: 090	Max: 1
Detail - Mandatory	
Loop: 2100A	Elements: 5

User Option (Usage): Required

Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
NM1*PR*2*Medi-Cal***46*610442(Hex'0D')**

For BATCH:
NM1*PR*2*Medi-Cal***46*610442^**

MEDI-CAL NOTE:

No data element separator ('*') is needed for 'trailing' data elements.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	**Entity Identifier Code** **Description:** Code identifying an organizational entity, a physical location, property or an individual. **Code** **Name** PR Payer	M	ID	2/3	Required	1
NM102	1065	**Entity Type Qualifier** **Description:** Code qualifying the type of entity. This code indicates whether the entity is an individual person or an organization. **Code** **Name** 2 Non-Person Entity	M	ID	1/1	Required	1
NM103	1035	**Name Last or Organization Name** **Description:** Individual last name or organizational name. **Industry: Information Source Last or Organization Name** **MEDI-CAL NOTE: 'MEDI-CAL'.**	M	AN	1/8	Required	1
NM108	66	**Identification Code Qualifier** **Description:** Code designating the system/method of code structure used for Identification Code (NM109). This element qualifies the identification number submitted in NM109. **Code** **Name** 46 Electronic Transmitter Identification Number (ETIN) **Description:** A unique number assigned to each transmitter and software developer.	M	ID	1/2	Required	1
NM109	67	**Identification Code** **Description:** Code identifying a party or	M	AN	2/15	Required	1

other code. This code is the reference number as qualified by the preceding data element (NM108).

Industry: Information Source Primary Identifier
MEDI-CAL NOTE: '610442'.

PER Information Source Contact Information

Pos: 100 **Max: 3**
Detail - Optional
Loop: 2100A **Elements: 4**

User Option (Usage): Situational

Syntax:

1. P0304 - If either PER03,PER04 is present, then all are required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.
PER*IC*POS HELP DESK*TE*8004271295(Hex'0D')

MEDI-CAL NOTE:

This segment can occur 3 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PER01	366	**Contact Function Code** **Description:** Code identifying the major duty or responsibility of the person or group named. **Code** **Name** IC Information Contact	M	ID	2/2	Required	1
PER02	93	**Name** **Description:** Free-form name. This name is the individual's name or group's name used when contacting the individual or organization. **Industry: Information Source Contact Name** **MEDI-CAL NOTE: 'POS Help Desk Toll Free Number' or 'Voice AEVS'.**	O	AN	1/60	Situational	1
PER03	365	**Communication Number Qualifier** **Description:** Code identifying the type of communication number. **Code** **Name** TE Telephone	O	ID	2/2	Situational	1
PER04	364	**Communication Number** **Description:** Complete communications number including country or area code when applicable. This number is for the communication number as qualified by the preceding data element. The format for US domestic phone numbers is: AAABBBCCCC where AAA = Area Code & BBBCCCC = Local Number. **Industry: Information Source Communication Number**	O	AN	1/10	Situational	1

AAA Request Validation

Pos: 110	Max: 9
Detail - Optional	
Loop: 2100A	Elements: 3

User Option (Usage): Situational

Comments:

1. Use this segment to indicate problems in processing the transaction specifically related to the information source data contained in the original 270 transaction's information source name loop (Loop 2100A) or to indicate that the information source itself is experiencing system problems.

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.
AAA*N42*N(Hex'0D')**
AAA*N79*P(Hex'0D')**
AAA*Y80*R(Hex'0D')**

MEDI-CAL NOTE:

This segment can occur 9 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AAA01	1073	**Yes/No Condition or Response Code** **Description:** Code indicating a Yes or No condition or response. **Industry: Valid Request Indicator** **MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.**	M	ID	1/1	Required	1
		Code **Name** N No **Description:** Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03. Y Yes **Description:** Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.					
AAA03	901	**Reject Reason Code** **Description:** Code assigned by issuer to identify reason for rejection. Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content. **MEDI-CAL NOTE: See Appendix A in the Overview: AAA Segment Table of Rejection codes.**	M	ID	2/2	Required	1
		Code **Name** 04 Authorized Quantity Exceeded **Description:** Use this code to indicate that the transaction exceeds the number of patient requests allowed by the Information Source identified in Loop 2100A. See section 1.3.3 Business Uses for more information regarding the number of patient requests allowed in a transaction. 41 Authorization/Access Restrictions					

Description: Use this code to indicate that the entity identified in ISA06 or GS02 is not authorized to submit 270 transactions to the Information Source Identified in Loop 2100A.

42 Unable to Respond at Current Time

Description: Use this code to indicate that Information Source Identified in Loop 2100A is unable to process the transaction at the current time. This indicates that there is a problem within the Information Source's system.

79 Invalid Participant Identification

Description: Use this code to indicate that Information Source Identified in Loop 2100A is invalid. If the transaction is processed by a clearing house, VAN, etc., use this code to indicate that the Information Source Identified in Loop 2100A is not a valid identifier for Information Sources the clearing house, VAN, etc. have access to. If the transaction is sent directly to the Information Source, use this code to indicate that the Information Source Identified in Loop 2100A is not a valid identifier.

80 No Response received - Transaction Terminated

Description: Use this code only if the transaction is processed by a clearing house, VAN, etc. Use this code to indicate that the transaction was sent to the Information Source Identified in Loop 2100A however no response was received in the expected time frame.

T4 Payer Name or Identifier Missing

Description: Use this code to indicate that either the name or identifier for Information Source Identified in Loop 2100A is missing.

AAA04	889	**Follow-up Action Code** **Description:** Code identifying follow-up actions allowed. Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable). **MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.**	M	ID	1/1	Required	1

Code	Name
C	Please Correct and Resubmit
N	Resubmission Not Allowed
P	Please Resubmit Original Transaction
R	Resubmission Allowed
S	Do Not Resubmit; Inquiry Initiated to a Third Party
W	Please Wait 30 Days and Resubmit
X	Please Wait 10 Days and Resubmit
Y	Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

Loop 2000B

Pos: 120	Repeat: 1
Mandatory	
Loop: 2000B	Elements: N/A

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
130	HL	Information Receiver Level	M	1		Required
140		Loop 2100B	M		1	Required

HL Information Receiver Level

Pos: 130	Max: 1
Detail - Mandatory	
Loop: 2000B	Elements: 4

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
HL*2*1*21*1(Hex'0D')

For BATCH:
HL*2*1*21*1^

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
HL01	628	**Hierarchical ID Number** **Description:** A unique number assigned by the transaction set sender to identify a particular data segment in a hierarchical structure. Use the sequentially assigned positive number to identify each specific occurrence of an HL segment within the transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE). **MEDI-CAL NOTE: '2'.**	M	AN	1/1	Required	1
HL02	734	**Hierarchical Parent ID Number** **Description:** Identification number of the next higher hierarchical data segment that the data segment being described is subordinate. Use this ID number to identify the specific hierarchical level to which this level is subordinate. **MEDI-CAL NOTE: '1'.**	M	AN	1/1	Required	1
HL03	735	**Hierarchical Level Code** **Description:** Code defining the characteristic of a level in a hierarchical structure. All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment. **Code** **Name** 21 Information Receiver **Description:** Identifies the provider or party(ies) who are the recipient(s) of the information.	M	ID	1/2	Required	1
HL04	736	**Hierarchical Child Code** **Description:** Code indicating if there are hierarchical child data segments subordinate to the level being described. **Code** **Name**	M	ID	1/1	Required	1

1	Additional Subordinate HL Data Segment in This Hierarchical Structure.

Loop 2100B

Pos: 140	Repeat: 1
Mandatory	
Loop: 2100B	Elements: N/A

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
150	NM1	Information Receiver Name	M	1		Required
160	AAA	Information Receiver Request Validation	O	9		Situational

NM1 Information Receiver Name

Pos: 150	Max: 1
Detail - Mandatory	
Loop: 2100B	Elements: 4

User Option (Usage): Required

Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
NM1*1P*1****SV*.....(Hex'0D')**
NM1*1P*2****SV*.....(Hex'0D')**

For BATCH:
NM1*1P*1****SV*.....^**
NM1*1P*2****SV*.....^**

MEDI-CAL NOTE:

No data element separator ('*') is needed for 'trailing' data elements.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	**Entity Identifier Code** **Description:** Code identifying an organizational entity, a physical location, property or an individual. **Code** **Name** 1P Provider	M	ID	2/3	Required	1
NM102	1065	**Entity Type Qualifier** **Description:** Code qualifying the type of entity. This code indicates whether the entity is an individual person or an organization. **MEDI-CAL NOTE: Use '1' for Person when the Provider is doing business as a sole proprietor, otherwise '2' for Non-Person Entity.** **Code** **Name** 1 Person 2 Non-Person Entity	M	ID	1/1	Required	1
NM108	66	**Identification Code Qualifier** **Description:** Code designating the system/method of code structure used for Identification Code (NM109). This element qualifies the identification number submitted in NM109. This is the number that the information source associates with the information receiver. **Code** **Name** SV Service Provider Number **Description:** Use this code for the identification number assigned by the information	M	ID	1/2	Required	1

source.

NM109	67	**Identification Code** **Description:** Code identifying a party or other code. This reference number is qualified by the preceding data element (NM108). **Industry: Information Receiver Identification Number** **MEDI-CAL NOTE: Provider Number plus Other Intermediary Code (OI).**	M	AN	2/15	Required	1

AAA Information Receiver Request Validation

Pos: 160 **Max: 9**
Detail - Optional
Loop: 2100B **Elements: 3**

User Option (Usage): Situational

Comments:

1. Use this segment to indicate problems in processing the transaction specifically related to the information receiver data contained in the original 270 transaction's information receiver name loop (Loop 2100B).

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
AAA*N15*S(Hex'0D')**
AAA*N50*W(Hex'0D')**
AAA*Y51*X(Hex'0D')**

For BATCH:
AAA*N15*S^**
AAA*N50*W^**
AAA*Y51*X^**

MEDI-CAL NOTE:

This segment can occur 9 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AAA01	1073	**Yes/No Condition or Response Code** **Description:** Code indicating a Yes or No condition or response. **Industry: Valid Request Indicator** **MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.**	M	ID	1/1	Required	1
		Code **Name** N No **Description:** Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03. Y Yes **Description:** Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.					
AAA03	901	**Reject Reason Code** **Description:** Code assigned by issuer to identify reason for rejection. Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content. **MEDI-CAL NOTE: See Appendix A in the Overview: AAA Segment Table of Rejection codes.**	M	ID	2/2	Required	1

Code	Name
15	Required application data missing **Description:** Use this code only when the information receiver's additional identification is missing.
41	Authorization/Access Restrictions
43	Invalid/Missing Provider Identification
44	Invalid/Missing Provider Name
45	Invalid/Missing Provider Specialty
46	Invalid/Missing Provider Phone Number
47	Invalid/Missing Provider State
48	Invalid/Missing Referring Provider Identification Number
50	Provider Ineligible for Inquiries
51	Provider Not on File
79	Invalid Participant Identification **Description:** Use this code only when the information receiver is not a provider or payer.
97	Invalid or Missing Provider Address
T4	Payer Name or Identifier Missing **Description:** Use this code only when the information receiver is a payer.

AAA04	889	**Follow-up Action Code** **Description:** Code identifying follow-up actions allowed. Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable). **MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.**	M	ID	1/1	Required	1

Code	Name
C	Please Correct and Resubmit
N	Resubmission Not Allowed
R	Resubmission Allowed
S	Do Not Resubmit; Inquiry Initiated to a Third Party
W	Please Wait 30 Days and Resubmit
X	Please Wait 10 Days and Resubmit
Y	Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

Loop 2000C

Pos: 170 **Repeat: 99**
Mandatory
Loop: 2000C **Elements: N/A**

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
180	HL	Subscriber Level	M	1		Required
190	TRN	Subscriber Trace Number	O	3		Situational
200		Loop 2100C	M		1	Required

HL Subscriber Level

Pos: 180	Max: 1
Detail - Mandatory	
Loop: 2000C	Elements: 4

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
HL*3*2*22*0(Hex'0D')

For BATCH:
HL*3*2*22*0^
HL*4*2*22*0^
etc...to 99 Subscribers

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
HL01	628	**Hierarchical ID Number** **Description:** A unique number assigned by the transaction set sender to identify a particular data segment in a hierarchical structure. Use the sequentially assigned positive number to identify each specific occurrence of an HL segment within the transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE). **MEDI-CAL NOTE: For Leased-Line & Dial-Up: '3'. For BATCH: start at '3' and incrementedfor each Subscriber entered, up to 99 Subscribers.**	M	AN	1/1	Required	1
HL02	734	**Hierarchical Parent ID Number** **Description:** Identification number of the next higher hierarchical data segment that the data segment being described is subordinate. Use this ID number to identify the specific hierarchical level to which this level is subordinate. **MEDI-CAL NOTE: '2'.**	M	AN	1/1	Required	1
HL03	735	**Hierarchical Level Code** **Description:** Code defining the characteristic of a level in a hierarchical structure. All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.	M	ID	1/2	Required	1

Code	Name
22	Subscriber

Description: Identifies the employee or group member who is covered for insurance and to

whom, or on behalf of whom, the insurer agrees to pay benefits. Use the subscriber level to identify the insured or subscriber of the health care coverage. This entity may or may not be the actual patient.

HL04	736	**Hierarchical Child Code** **Description:** Code indicating if there are hierarchical child data segments subordinate to the level being described.	M	ID	1/1	Required	1

Code	**Name**
0	No Subordinate HL Segment in This Hierarchical Structure.

TRN Subscriber Trace Number

Pos: 190	Max: 3
Detail - Optional	
Loop: 2000C	Elements: 4

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
TRN*2*.....*1.....*.....(Hex'0D')
TRN*2*.....*3.....*.....(Hex'0D')
TRN*1*.....*9610442...Hex'0D')

For BATCH:
TRN*2*.....*1.....*.....^

MEDI-CAL NOTE:

This segment can occur 3 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
TRN01	481	**Trace Type Code** **Description:** Code identifying which transaction is being referenced. **MEDI-CAL NOTE: '2' for Provider and/or Clearinghouse Trace Numbers, and '1' for the EVC Number.**	M	ID	1/2	Required	1
		Code **Name** 1 Current Transaction Trace Numbers **Description:** The term “Current Transaction Trace Numbers” refers to trace or reference numbers assigned by the creator of the 271 transaction (the information source). **MEDI-CAL NOTE:** **If a clearinghouse has assigned a TRN segment and intends on returning their TRN segment in the 271 response to the information receiver, they must convert the value in TRN01 to “1” (since it will be returned by the information source as a “2”).** 2 Referenced Transaction Trace Numbers **Description:** The term “Referenced Transaction Trace Numbers” refers to trace or reference numbers originally sent in the 270 transaction and now returned in the 271.					
TRN02	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. **Industry: Trace Number** **MEDI-CAL NOTE: A provider and/or clearinghouse trace number when TRN01 = '2', and an EVC Number when TRN01 = '1'. The EVC number will always be contained in the last repeat of the TRN segment.**	M	AN	1/30	Required	1
TRN03	509	**Originating Company Identifier**	O	AN	10/10	Situational	1

		Description: A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9. **Industry: Trace Assigning Entity Identifier** **MEDI-CAL NOTE: When TRN01 = 1 then '9610442', left justified & padded with spaces.**					
TRN04	127	**Reference Identification** **Description:** Reference information as defined for a particular transaction set or as specified by the Reference Identification Qualifier. **Industry: Trace Assigning Entity Additional Identifier** **MEDI-CAL NOTE: Additional identifying information only when TRN01 = 2.**	O	AN	1/30	Situational	1

Loop 2100C

Pos: 200	Repeat: 1
Mandatory	
Loop: 2100C	Elements: N/A

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
210	NM1	Subscriber Name	M	1		Required
220	REF	Subscriber Additional Identification	O	9		Situational
230	N4	Subscriber City/State/ZIP Code	O	1		Situational
240	AAA	Subscriber Request Validation	O	9		Situational
250	DMG	Subscriber Demographic Information	O	1		Situational
260	DTP	Subscriber Date	O	9		Situational
270		Loop 2110C	O		>1	Situational

NM1 Subscriber Name

Pos: 210	Max: 1
Detail - Mandatory	
Loop: 2100C	Elements: 7

User Option (Usage): Required

Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
NM1*IL*1*.....*.....*.*MI*.....(Hex'0D')**

For BATCH:
NM1*IL*1*.....*.....*.*MI*.....^**

MEDI-CAL NOTE:

No data element separator ('*') is needed for 'trailing' data elements.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	**Entity Identifier Code** **Description:** Code identifying an organizational entity, a physical location, property or an individual. **Code** **Name** IL Insured or Subscriber	M	ID	2/3	Required	1
NM102	1065	**Entity Type Qualifier** **Description:** Code qualifying the type of entity. This code indicates whether the entity is an individual person or an organization. **Code** **Name** 1 Person	M	ID	1/1	Required	1
NM103	1035	**Name Last or Organization Name** **Description:** Individual last name or organizational name. **Industry: Subscriber Last Name** **MEDI-CAL NOTE: Subscriber's Last Name unless a rejection response is generated.**	O	AN	1/35	Situational	1
NM104	1036	**Name First** **Description:** Individual first name. Use this name for the subscriber's first name. **Industry: Subscriber First Name** **MEDI-CAL NOTE: Subscriber's First Name, when entered, unless a rejection response is generated.**	O	AN	1/25	Situational	1
NM105	1037	**Name or Initial Middle** **Description:** Individual middle name or initial. Use this name for the subscriber's middle name or initial.	O	AN	1/25	Situational	1

		Industry: Subscriber Middle Name or Middle Initial **MEDI-CAL NOTE: Subscriber's middle initial, when a middle name or initial is entered, unless a rejection response is generated.**					
NM108	66	**Identification Code Qualifier** **Description:** Code designating the system/method of code structure used for Identification Code (NM109). Use this element to qualify the identification number submitted in NM109. This is the primary number that the information source associates with the subscriber. **Code** **Name** MI Member Identification Number **Description:** This code may only be used prior to the mandated use of code “ZZ”. This is the unique number the payer or information source uses to identify the insured (e.g., Health Insurance Claim Number, Medicaid Subscriber ID Number, HMO member ID, etc.).	M	ID	1/2	Required	1
NM109	67	**Identification Code** **Description:** Code identifying a party or other code. Use this code for the reference number as qualified by the preceding data element (NM108). **Industry: Subscriber Primary Identifier** **MEDI-CAL NOTE: Subscriber (Recipient) Primary ID Number.**	M	AN	2/30	Required	1

REF Subscriber Additional Identification

Pos: 220 **Max: 9**
Detail - Optional
Loop: 2100C **Elements: 2**

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
REF*A6*.....(Hex'0D')

For BATCH:
REF*A6*.....^

MEDI-CAL NOTE:

This segment can occur 9 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification. **MEDI-CAL NOTE: Do not use the same identifier entered in NM109 of loop 2100C.**	M	ID	2/3	Required	1

Code	Name
18	Plan Number **Description:** The unique identification number assigned for a defined contribution plan
1L	Group or Policy Number **Use this code only if it cannot be determined if the number is a Group Number or a Policy number. Use codes IG or 6P when they can be determined.**
1W	Member Identification Number **Use only if Loop 2100C NM108 contains ZZ, and is prior to the mandated use of the HIPAA Unique Patient Identifier.**
3H	Case Number
6P	Group Number
A6	Employee Identification Number
EA	Medical Record Identification Number **Description:** A unique number assigned to each patient by the provider of service (hospital) to assist in retrieval of medical records.
EJ	Patient Account Number **Description:** A unique number assigned to each patient by the provider of service to facilitate retrieval of individual case records tracking of claims submitted to a payer and posting of payment.
IG	Insurance Policy Number
N6	Plan Network Identification Number **Description:** A number assigned to identify a specific health care network that provides health care services to insured members
NQ	Medicaid Subscriber Identification Number **Description:** Unique identification number assigned to each member covered under a subscriber's contract. See segment note 2.

REF02	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. **Industry: Subscriber Supplemental Identifier** **MEDI-CAL NOTE: Do not use the same number entered in NM109 of loop 2100C.**	M	AN	1/30	Required	1

N4 Subscriber City/State/ZIP Code

Pos: 230	Max: 1
Detail - Optional	
Loop: 2100C	Elements: 2

User Option (Usage): Situational

Syntax:

1. C0605 - If N406 is present, then all of N405 are required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
N4***CY*..(Hex'0D')**

For BATCH:
N4***CY*..^**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
N405	309	**Location Qualifier** **Description:** Code identifying type of location. **Code** **Name** CY County/Parish	O	ID	1/2	Situational	1
N406	310	**Location Identifier** **Description:** Code which identifies a specific location. **Industry: Location Identification Code** **ExternalCodeList** **Name:** 43 **Description:** FIPS-55 (Named Populated Places)	O	AN	1/2	Situational	1

AAA Subscriber Request Validation

Pos: 240	Max: 9
Detail - Optional	
Loop: 2100C	Elements: 3

User Option (Usage): Situational

Comments:

1. Use this segment to indicate problems in processing the transaction specifically related to the data contained in the original 270 transaction's subscriber name loop (Loop 2100C).

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
AAA*N43*N(Hex'0D')**
AAA*N75*S(Hex'0D')**
AAA*Y76*Y(Hex'0D')**

For BATCH:
AAA*N43*N^**
AAA*N75*S^**
AAA*Y76*Y^**

MEDI-CAL NOTE:

This segment can occur 9 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AAA01	1073	**Yes/No Condition or Response Code** **Description:** Code indicating a Yes or No condition or response. **Industry: Valid Request Indicator** **MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.**	M	ID	1/1	Required	1
		Code **Name** N No **Description:** Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03. Y Yes **Description:** Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.					
AAA03	901	**Reject Reason Code** **Description:** Code assigned by issuer to identify reason for rejection. Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content. **MEDI-CAL NOTE: See Appendix A in the Overview: AAA Segment Table of Rejection codes.**	M	ID	2/2	Required	1
		Code **Name**					

		15 Required application data missing						
		42 Unable to Respond at Current Time **Description:** Use this code in a batch environment where an information source returns all requests from the 270 in the 271 and identifies “Unable to Respond at Current Time” for each individual request (subscriber or dependent) within the transaction that they were unable to process for reasons other than data content (such as their system is down or timed out when generating a response).						
		43 Invalid/Missing Provider Identification						
		45 Invalid/Missing Provider Specialty						
		47 Invalid/Missing Provider State						
		48 Invalid/Missing Referring Provider Identification Number						
		49 Provider is Not Primary Care Physician						
		51 Provider Not on File						
		52 Service Dates Not Within Provider Plan Enrollment						
		56 Inappropriate Date						
		57 Invalid/Missing Date(s) of Service						
		58 Invalid/Missing Subscriber Birth Date						
		60 Subscriber Birth Date Follows Date(s) of Service						
		61 Date of Death Precedes Date(s) of Service						
		62 Service Date Not Within Allowable Inquiry Period						
		63 Service Date in Future						
		64 Invalid/Missing Patient ID						
		65 Invalid/Missing Patient Name						
		66 Invalid/Missing Patient Gender Code						
		67 Patient Not Found						
		68 Duplicate Patient ID Number						
		71 Subscriber Birth Date Does Not Match That for the Patient on the Database						
		72 Invalid/Missing Subscriber/Insured ID						
		73 Invalid/Missing Subscriber/Insured Name						
		74 Invalid/Missing Subscriber/Insured Gender Code						
		75 Subscriber/Insured Not Found						
		76 Duplicate Subscriber/Insured ID Number						
		77 Subscriber Found, Patient Not Found						
		78 Subscriber/Insured Not in Group/Plan Identified						
AAA04	889	**Follow-up Action Code** **Description:** Code identifying follow-up actions allowed. Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable). **MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.**	M	ID	1/1	Required	1
		Code **Name**						
		C Please Correct and Resubmit						
		N Resubmission Not Allowed						
		R Resubmission Allowed **Description:** Use only when AAA03 is “42".						
		S Do Not Resubmit; Inquiry Initiated to a Third Party						
		W Please Wait 30 Days and Resubmit						
		X Please Wait 10 Days and Resubmit						
		Y Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly **Description:** Use only when AAA03 is “42".						

DMG Subscriber Demographic Information

Pos: 250	Max: 1
Detail - Optional	
Loop: 2100C	Elements: 3

User Option (Usage): Situational

Syntax:

1. P0102 - If either DMG01,DMG02 is present, then all are required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
DMG*D8*CCYYMMDD*M(Hex'0D')
DMG*D8*CCYYMMDD*F(Hex'0D')
DMG*D8*CCYYMMDD*U(Hex'0D')

For BATCH:
DMG*D8*CCYYMMDD*M^
DMG*D8*CCYYMMDD*F^
DMG*D8*CCYYMMDD*U^

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DMG01	1250	**Date Time Period Format Qualifier** **Description:** Code indicating the date format, time format, or date and time format. Use this code to indicate the format of the subscriber birth date that follows in DMG02. **Code** **Name** D8 Date Expressed in Format CCYYMMDD	O	ID	2/2	Situational	1
DMG02	1251	**Date Time Period** **Description:** Expression of a date, a time, or range of dates, times or dates and times. This date for the Subscriber birth date of the individual. **Industry: Subscriber Birth Date** **MEDI-CAL NOTE: Subscriber Birth Date in CCYYMMDD format.**	O	DT	8/8	Situational	1
DMG03	1068	**Gender Code** **Description:** Code indicating the sex of the individual. **Industry: Subscriber Gender Code** **Code** **Name** F Female M Male U Unknown	O	ID	1/1	Situational	1

DTP Subscriber Date

Pos: 260	Max: 9
Detail - Optional	
Loop: 2100C	Elements: 3

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
DTP*102*D8*CCYYMMDD(Hex'0D')
DTP*307*RD8*CCYYMMDD-CCYYMMDD(Hex'0D')
DTP*458*D8*CYYMMDD(Hex'0D')
DTP*472*RD8*CCYYMMDD-CCYYMMDD(Hex'0D')

For BATCH:
DTP*102*D8*CCYYMMDD^
DTP*307*RD8*CCYYMMDD-CCYYMMDD^
DTP*458*D8*CYYMMDD^
DTP*472*D8*CCYYMMDD^

MEDI-CAL NOTE:

This segment can occur 9 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	**Date/Time Qualifier** **Description:** Code specifying type of date or time, or both date and time. **Industry: Date Time Qualifier**	M	ID	3/3	Required	1

Code	Name
102	Issue
307	Eligibility **Description:** Range of dates when the subscriber or dependent were eligible for benefits.
458	Certification **Description:** Date of a document attesting to a fact.
472	Service

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP02	1250	**Date Time Period Format Qualifier** **Description:** Code indicating the date format, time format, or date and time format. DTP02 is the date or time or period format that will appear in DTP03.	M	ID	2/3	Required	1

Code	Name
D8	Date Expressed in Format CCYYMMDD
RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD **Description:** A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date.

DTP03	1251	**Date Time Period** **Description:** Expression of a date, a time, or range of dates, times or dates and times. **MEDI-CAL NOTE: A date in CCYYMMDD-CCYYMMDD format if DTP01 = 307, else date in CCYYMMDD format.**	M	AN	8/17	Required	1

Loop 2110C

Pos: 270 **Repeat: >1**
Optional
Loop: 2110C **Elements: N/A**

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
280	EB	Subscriber Eligibility or Benefit Information	O	1		Situational
290	REF	Subscriber Additional Identification	O	9		Situational
300	DTP	Subscriber Eligibility/Benefit Date	O	20		Situational
310	AAA	Subscriber Request Validation	O	9		Situational
320	MSG	Message Text	O	10		Situational
330	LS	Loop Header	O	1		Situational
340		Loop 2120C	O		1	Situational
370	LE	Loop Trailer	O	1		Situational

EB Subscriber Eligibility or Benefit Information

Pos: 280 **Max: 1**
Detail - Optional
Loop: 2110C **Elements: 11**

User Option (Usage): Situational

Syntax:

1. P0910 - If either EB09,EB10 is present, then all are required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
EB*1*FAM*96*GP*.*7*445*20*DY*21*Y(Hex'0D')

For BATCH:
EB*1*FAM*96*GP*.*7*445*20*DY*21*Y^

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
EB01	1390	**Eligibility or Benefit Information** **Description:** Code identifying eligibility or benefit information. This may be the eligibility status of the individual or the benefit related category that is being further described in the following data elements. This data element also qualifies the data in elements EB06 through EB10. **Mode:** Automatic **Control:** Text	M	ID	1/2	Required	1

Code	Name
1	Active Coverage
2	Active - Full Risk Capitation
3	Active - Services Capitated
4	Active - Services Capitated to Primary Care Physician
5	Active - Pending Investigation
6	Inactive
7	Inactive - Pending Eligibility Update
8	Inactive - Pending Investigation
A	Co-Insurance
B	Co-Payment
C	Deductible
D	Benefit Description
E	Exclusions
F	Limitations
G	Out of Pocket (Stop Loss)
H	Unlimited
I	Non-Covered
J	Cost Containment
K	Reserve
L	Primary Care Provider

		M Pre-existing Condition N Services Restricted to Following Provider O Not Deemed a Medical Necessity P Benefit Disclaimer **Description:** Not recommended. See section 1.3.10 Disclaimers Within the Transaction. Q Second Surgical Opinion Required R Other or Additional Payor S Prior Year(s) History T Card(s) Reported Lost/Stolen U Contact Following Entity for Eligibility or Benefit Information V Cannot Process W Other Source of Data X Health Care Facility Y Spend Down CB Coverage Basis MC Managed Care Coordinator					
EB02	1207	**Coverage Level Code** **Description:** Code indicating the level of coverage being provided for this insured. It identifies the types and number of entities that are covered by the insurance plan. **Industry: Benefit Coverage Level Code** **Code** **Name** CHD Children Only DEP Dependents Only ECH Employee and Children EMP Employee Only ESP Employee and Spouse FAM Family IND Individual SPC Spouse and Children SPO Spouse Only	O	ID	3/3	Situational	1
EB03	1365	**Service Type Code** **Description:** Code identifying the classification of service. If a service type code is sent by an information receiver that is not supported by the information source, the information source must respond with at least a service type code of 30 - Health Benefit Plan Coverage. **Code** **Name** 1 Medical Care 2 Surgical 3 Consultation 4 Diagnostic X-Ray 5 Diagnostic Lab 6 Radiation Therapy 7 Anesthesia 8 Surgical Assistance 9 Other Medical 10 Blood Charges 11 Used Durable Medical Equipment 12 Durable Medical Equipment Purchase 13 Ambulatory Service Center Facility 14 Renal Supplies in the Home	O	ID	1/2	Situational	1

15	Alternate Method Dialysis
16	Chronic Renal Disease (CRD) Equipment
17	Pre-Admission Testing
18	Durable Medical Equipment Rental
19	Pneumonia Vaccine
20	Second Surgical Opinion
21	Third Surgical Opinion
22	Social Work
23	Diagnostic Dental
24	Periodontics
25	Restorative
26	Endodontics
27	Maxillofacial Prosthetics
28	Adjunctive Dental Services
30	Health Benefit Plan Coverage
	Description: Use this code if only a single category of benefits can be supported.
32	Plan Waiting Period
33	Chiropractic
34	Chiropractic Office Visits
35	Dental Care
36	Dental Crowns
37	Dental Accident
38	Orthodontics
39	Prosthodontics
40	Oral Surgery
41	Routine (Preventive) Dental
42	Home Health Care
43	Home Health Prescriptions
44	Home Health Visits
45	Hospice
46	Respite Care
47	Hospital
48	Hospital - Inpatient
49	Hospital - Room and Board
50	Hospital - Outpatient
51	Hospital - Emergency Accident
52	Hospital - Emergency Medical
53	Hospital - Ambulatory Surgical
54	Long Term Care
55	Major Medical
56	Medically Related Transportation
57	Air Transportation
58	Cabulance
59	Licensed Ambulance
60	General Benefits
61	In-vitro Fertilization
62	MRI/CAT Scan
63	Donor Procedures
64	Acupuncture
65	Newborn Care
66	Pathology
67	Smoking Cessation
68	Well Baby Care

69	Maternity
70	Transplants
71	Audiology Exam
72	Inhalation Therapy
73	Diagnostic Medical
74	Private Duty Nursing
75	Prosthetic Device
76	Dialysis
77	Otological Exam
78	Chemotherapy
79	Allergy Testing
80	Immunizations
81	Routine Physical
82	Family Planning
83	Infertility
84	Abortion
85	AIDS
86	Emergency Services
87	Cancer
88	Pharmacy
89	Free Standing Prescription Drug
90	Mail Order Prescription Drug
91	Brand Name Prescription Drug
92	Generic Prescription Drug
93	Podiatry
94	Podiatry - Office Visits
95	Podiatry - Nursing Home Visits
96	Professional (Physician)
97	Anesthesiologist
98	Professional (Physician) Visit - Office
99	Professional (Physician) Visit - Inpatient
A0	Professional (Physician) Visit - Outpatient
A1	Professional (Physician) Visit - Nursing Home
A2	Professional (Physician) Visit - Skilled Nursing Facility
A3	Professional (Physician) Visit - Home
A4	Psychiatric
A5	Psychiatric - Room and Board
A6	Psychotherapy
A7	Psychiatric - Inpatient
A8	Psychiatric - Outpatient
A9	Rehabilitation
AA	Rehabilitation - Room and Board
AB	Rehabilitation - Inpatient
AC	Rehabilitation - Outpatient
AD	Occupational Therapy
AE	Physical Medicine
AF	Speech Therapy
AG	Skilled Nursing Care
AH	Skilled Nursing Care - Room and Board
AI	Substance Abuse
AJ	Alcoholism
AK	Drug Addiction
AL	Vision (Optometry)

		AM Frames					
		AN Routine Exam					
		AO Lenses					
		AQ Nonmedically Necessary Physical **Description:** These physicals are required by other entities e.g., insurance application, pilot license, employment or school					
		AR Experimental Drug Therapy					
		BA Independent Medical Evaluation					
		BB Partial Hospitalization (Psychiatric)					
		BC Day Care (Psychiatric)					
		BD Cognitive Therapy					
		BE Massage Therapy					
		BF Pulmonary Rehabilitation					
		BG Cardiac Rehabilitation					
		BH Pediatric					
		BI Nursery					
		BJ Skin					
		BK Orthopedic					
		BL Cardiac					
		BM Lymphatic					
		BN Gastrointestinal					
		BP Endocrine					
		BQ Neurology					
		BR Eye					
		BS Invasive Procedures					
EB04	1336	**Insurance Type Code** **Description:** Code identifying the type of insurance policy within a specific insurance program.	O	ID	1/3	Situational	1
		Code **Name**					
		D Disability **Description:** Provides periodic payments to replace income when an insured person is unable to work as a result of illness, injury or disease.					
		12 Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan					
		13 Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer's group health plan					
		14 Medicare Secondary, No-fault Insurance including Auto is Primary					
		15 Medicare Secondary Worker's Compensation					
		16 Medicare Secondary Public Health Service (PHS)or Other Federal Agency					
		41 Medicare Secondary Black Lung					
		42 Medicare Secondary Veteran's Administration					
		43 Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)					
		47 Medicare Secondary, Other Liability Insurance is Primary					
		AP Auto Insurance Policy					
		C1 Commercial					
		CO Consolidated Omnibus Budget Reconciliation Act (COBRA)					
		CP Medicare Conditionally Primary					
		DB Disability Benefits					
		EP Exclusive Provider Organization **Description:** Gives subscriber a choice of providers from an approved/contracted payer list; there are fixed dollar co-payments for most covered services in return for using plan providers.					
		FF Family or Friends					
		GP Group Policy					

	Description: Two or more people who are part of complete unit who enter into an insurance contract with an insurance company.
HM	Health Maintenance Organization (HMO)
HN	Health Maintenance Organization (HMO) - Medicare Risk
HS	Special Low Income Medicare Beneficiary
	Description: An individual eligible for Medicare for whom Medicaid pays only Medicare premiums.
IN	Indemnity
	Description: Gives a subscriber the choice to select any provider. Payment is fixed percentage of the cost for covered care after satisfying an annual deductible.
IP	Individual Policy
LC	Long Term Care
	Description: Coverage designed to help pay for some or all long term care costs, reducing the risk that a policy-holder would need to deplete all of his or her assets to pay for long term care.
LD	Long Term Policy
LI	Life Insurance
LT	Litigation
MA	Medicare Part A
MB	Medicare Part B
MC	Medicaid
	Description: Program of health care services made available to medically indigent and other needy persons, regardless of age, under terms of a 1965 amendment to the U.S. Social Security Act.
MH	Medigap Part A
	Description: Health insurance policy intended to cover the non-covered portion of expenses eligible for Medicare Part A reimbursement which must be paid by a Medicare beneficiary for health care services and/or supplies received.
MI	Medigap Part B
	Description: Health insurance policy intended to cover the non-covered portion of expenses eligible for Medicare Part B reimbursement which must be paid by a Medicare beneficiary for health care services and/or supplies received.
MP	Medicare Primary
	Description: Medicare has the primary responsibility to pay for health care services and/or supplies received by a covered beneficiary (a person entitled to Medicare benefits).
OT	Other
PE	Property Insurance - Personal
PL	Personal
PP	Personal Payment (Cash - No Insurance)
PR	Preferred Provider Organization (PPO)
PS	Point of Service (POS)
QM	Qualified Medicare Beneficiary
	Description: Coverage for a Medicare eligible individual for whom Medicaid pays only for Medicare premiums, co-insurance, and deductibles.
RP	Property Insurance - Real
SP	Supplemental Policy
	Description: An insurance policy intended to cover non-covered charges of another insurance policy.
TF	Tax Equity Fiscal Responsibility Act (TEFRA)
WC	Workers Compensation
	Description: Coverage provides medical treatment, rehabilitation, lost wages and related expenses arising from a job related injury or disease.
WU	Wrap Up Policy
	Description: A Workers Compensation Policy written for a specific job site, which will include or cover more than one insured.

EB05	1204	**Plan Coverage Description**	O	AN	1/50	Situational	1

		Description: A description or number that identifies the plan or coverage. This will be free-form text to convey the specific product name for an insurance plan. **MEDI-CAL NOTE: 'CMSP' or 'CHDP' or 'Fee For SVC Medi-Cal For Dental Care' or 'Fee For SVC Medi-Cal For Non-Psychiatric SVCs'.**					
EB06	615	**Time Period Qualifier** **Description:** Code defining periods for the time period category for the benefits being described when needed to qualify benefit availability.	O	ID	1/2	Situational	1

Code	Name
6	Hour
7	Day
13	24 Hours
21	Years
22	Service Year
23	Calendar Year
24	Year to Date
25	Contract
26	Episode
27	Visit
28	Outlier
29	Remaining
30	Exceeded
31	Not Exceeded
32	Lifetime
33	Lifetime Remaining
34	Month
35	Week
36	Admission

EB07	782	**Monetary Amount** **Description:** Monetary amount. Use this monetary amount as qualified by EB01, used if eligibility or benefit must be qualified by a monetary amount; e.g., deductible, co-payment. **Industry: Benefit Amount**	O	R	1/7	Situational	1
EB08	954	**Percent** **Description:** Percentage expressed as a decimal, used as a percentage rate as qualified by EB01. Used if eligibility or benefit must be qualified by a percentage; e.g., co-insurance. **Industry: Benefit Percent**	O	R	1/3	Situational	1
EB09	673	**Quantity Qualifier** **Description:** Code specifying the type of quantity, used to identify the type of units that are being conveyed in the following data element (EB10).	O	ID	2/2	Situational	1

Code	Name
99	Quantity Used **Description:** Quantity of units used.
CA	Covered - Actual **Description:** Days covered on this service.
CE	Covered - Estimated

		Description: Estimated days covered on this service.					
		DB Deductible Blood Units **Description:** Amount of blood units not reimbursed due to plan deductible limits.					
		DY Days					
		HS Hours					
		LA Life-time Reserve - Actual **Description:** Medicare hospital insurance includes extra hospital days to be used if the patient has a long illness and is required to stay in the hospital over a specified number of days; this is the actual number of days in reserve.					
		LE Life-time Reserve - Estimated **Description:** Medicare hospital insurance includes extra hospital days to be used if the patient has a long illness and is required to stay in the hospital over a specified number of days; this is an estimate of the number of days in reserve.					
		MN Month					
		P6 Number of Services or Procedures					
		QA Quantity Approved **Description:** Quantity allowed by the company processing the claim.					
		S7 Age, High Value **Description:** Use this code when a benefit is based on a maximum age for the patient.					
		S8 Age, Low Value **Description:** Use this code when a benefit is based on a minimum age for the patient.					
		VS Visits					
		YY Years					
EB10	380	**Quantity** **Description:** Numeric value of quantity, used for the quantity value as qualified by the preceding data element (EB09). **Industry: Benefit Quantity**	O	R	1/15	Situational	1
EB11	1073	**Yes/No Condition or Response Code** **Description:** Code indicating a Yes or No condition or response, used if it is necessary to indicate if authorization or certification is required. **Industry: Authorization or Certification Indicator** **MEDI-CAL NOTE: A "Y" value indicates that an authorization or certification is required per plan provisions. An "N" value indicates that an authorization or certification is not required per plan provisions. A "U" value indicates it is unknown whether the plan provisions require an authorization or certification.**	O	ID	1/1	Situational	1
		Code **Name** N No Y Yes					

REF Subscriber Additional Identification

Pos: 290	Max: 9
Detail - Optional	
Loop: 2110C	Elements: 3

User Option (Usage): Situational

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
REF*18*.....*.....(Hex'0D')
REF*G1*.....*.....(Hex'0D')

For BATCH:
REF*18*.....*.....^
REF*G1*.....*.....^

MEDI-CAL NOTE:

This segment can occur 9 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification. **MEDI-CAL NOTE: Used only in an EB loop with EB01 = 'R'.**	M	ID	2/3	Required	1

Code	Name
18	Plan Number
	Description: The unique identification number assigned for a defined contribution plan.
1L	Group or Policy Number
	Description: Use this code only if it cannot be determined if the number is a Group Number or a Policy number. Use codes “IG” or “6P” when they can be determined.
1W	Member Identification Number
49	Family Unit Number
	Description: An identification number assigned to siblings within the same family.
6P	Group Number
9F	Referral Number
A6	Employee Identification Number
F6	Health Insurance Claim (HIC) Number
	Description: A unique number assigned by the government to each person entitled to Medicare benefits
G1	Prior Authorization Number
	Description: An authorization number acquired prior to the submission of a claim.
IG	Insurance Policy Number
N6	Plan Network Identification Number
	Description: A number assigned to identify a specific health care network that provides health care services to insured members.

		NQ Medicaid Subscriber Identification Number **Description:** Unique identification number assigned to each member covered under a subscriber's contract.					
REF02	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. **Industry: Subscriber Eligibility or Benefit Identifier**	M	AN	1/30	Required	1
REF03	352	**Description** **Description:** A free-form description to clarify the related data elements and their content. **Industry: Plan Sponsor Name**	O	AN	1/80	Situational	1

DTP Subscriber Eligibility/Benefit Date

Pos: 300	Max: 20
Detail - Optional	
Loop: 2110C	Elements: 3

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
DTP*102*D8*CCYYMMDD(Hex'0D')
DTP*307*RD8*CCYYMMDD-CCYYMMDD(Hex'0D')
DTP*472*RD8*CCYYMMDD-CCYYMMDD(Hex'0D')

For BATCH:
DTP*102*D8*CCYYMMDD^
DTP*307*RD8*CCYYMMDD-CCYYMMDD^
DTP*472*D8*CCYYMMDD^

MEDI-CAL NOTE:

This segment can occur 20 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	**Date/Time Qualifier** **Description:** Code specifying type of date or time, or both date and time. **Industry: Date Time Qualifier** **Code** / **Name** 102 Issue 307 Eligibility **Description:** Range of dates when the subscriber or dependent were eligible for benefits. 458 Certification **Description:** Date of a document attesting to a fact 472 Service	M	ID	3/3	Required	1
DTP02	1250	**Date Time Period Format Qualifier** **Description:** Code indicating the date format, time format, or date and time format. DTP02 is the date or time or period format that will appear in DTP03. **Code** / **Name** D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD **Description:** A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date.	M	ID	2/3	Required	1
DTP03	1251	**Date Time Period**	M	AN	8/17	Required	1

Description: Expression of a date, a time, or range of dates, times or dates and times.

Industry: Eligibility or Benefit Date Time Period
MEDI-CAL NOTE: A date in CCYYMMDD-CCYYMMDD format if DTP01 = 307, else date in CCYYMMDD format.

AAA Subscriber Request Validation

Pos: 310	Max: 9
Detail - Optional	
Loop: 2110C	Elements: 3

User Option (Usage): Situational

Comments:

1. Use this segment to indicate problems in processing the transaction specifically related to specific eligibility/benefit inquiry data contained in the original 270 transaction's subscriber eligibility/benefit inquiry information loop (Loop 2110C).

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
AAA*N15*C(Hex'0D')**
AAA*N60*R(Hex'0D')**
AAA*Y70*Y(Hex'0D')**

For BATCH:
AAA*N15*C^**
AAA*N60*R^**
AAA*Y70*Y^**

MEDI-CAL NOTE:

This segment can occur 9 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AAA01	1073	**Yes/No Condition or Response Code** **Description:** Code indicating a Yes or No condition or response. **Industry: Valid Request Indicator** **MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.**	M	ID	1/1	Required	1
		Code **Name** N No **Description:** Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03. Y Yes **Description:** Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.					
AAA03	901	**Reject Reason Code** **Description:** Code assigned by issuer to identify reason for rejection. Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content. **MEDI-CAL NOTE: See Appendix A in the Overview: AAA Segment Table of Rejection codes.**	M	ID	2/2	Required	1
		Code **Name**					

15	Required application data missing	
52	Service Dates Not Within Provider Plan Enrollment	
53	Inquired Benefit Inconsistent with Provider Type	
54	Inappropriate Product/Service ID Qualifier	
55	Inappropriate Product/Service ID	
56	Inappropriate Date	
57	Invalid/Missing Date(s) of Service	
60	Subscriber Birth Date Follows Date(s) of Service	
61	Date of Death Precedes Date(s) of Service	
62	Service Date Not Within Allowable Inquiry Period	
63	Service Date in Future	
69	Inconsistent with Patient's Age	
70	Inconsistent with Patient's Gender	

AAA04	889	**Follow-up Action Code** **Description:** Code identifying follow-up actions allowed. Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable). **MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.**	M	ID	1/1	Required	1

Code	**Name**
C	Please Correct and Resubmit
N	Resubmission Not Allowed
R	Resubmission Allowed
W	Please Wait 30 Days and Resubmit
X	Please Wait 10 Days and Resubmit
Y	Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

MSG Message Text

Pos: 320	Max: 10
Detail - Optional	
Loop: 2110C	Elements: 1

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
MSG*.(Hex'0D')

For BATCH:
MSG*.^

MEDI-CAL NOTE:

This Segment can occur 10 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
MSG01	933	**Free-Form Message Text** **Description:** Free-form message text. **MEDI-CAL NOTE: Additional eligibility data that cannot be codified.**	M	AN	1/264	Required	1

LS Loop Header

Pos: 330	Max: 1
Heading - Optional	
Loop: 2110C	Elements: 1

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
LS*2120(Hex'0D')

For BATCH:
LS*2120^

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
LS01	447	**Loop Identifier Code** **Description:** The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE. The loop identifier in the loop header and trailer must be identical. **MEDI-CAL NOTE: '2120', per the Implementation Guide.**	M	AN	1/4	Required	1

Loop 2120C

Pos: 340	Repeat: 1
Optional	
Loop: 2120C	Elements: N/A

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
350	NM1	Subscriber Benefit Related Entity Name	O	1		Situational
360	PER	Subscriber Benefit Related Entity Contact Information	O	3		Situational

NM1 Subscriber Benefit Related Entity Name

Pos: 350	Max: 1
Detail - Optional	
Loop: 2120C	Elements: 8

User Option (Usage): Situational

Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
NM1*1P*1*.....*.....*.....*.....*FI*.....(Hex'0D')
NM1*13*2*.....**34*.....(Hex'0D')**
NM1*SEP*2*.....**FA*.....(Hex'0D')**

For BATCH:
NM1*1P*1*.....*.....*.....*.....*FI*.....^

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	**Entity Identifier Code** **Description:** Code identifying an organizational entity, a physical location, property or an individual.	M	ID	2/3	Required	1

Code	Name
13	Contracted Service Provider
1P	Provider
2B	Third-Party Administrator
36	Employer
73	Other Physician **Description:** Physician not one of the other specified choices.
FA	Facility
GP	Gateway Provider **Description:** Identifies a gateway access provider.
IL	Insured or Subscriber **Description:** Use if identifying an insured or subscriber to a plan other than the information source (such as in a co-ordination of benefits situation).
LR	Legal Representative
P3	Primary Care Provider **Description:** Physician that is selected by the insured to provide medical care.
P4	Prior Insurance Carrier
P5	Plan Sponsor
PR	Payer
VN	Vendor
X3	Utilization Management Organization
PRP	Primary Payer
SEP	Secondary Payer

		TTP Tertiary Payer					
NM102	1065	**Entity Type Qualifier** **Description:** Code qualifying the type of entity. This code indicates whether the entity is an individual person or an organization. **MEDI-CAL NOTE: Use '1' for Person when the Provider is doing business as a sole proprietor, otherwise '2' for Non-Person Entity.** **Code** **Name** 1 Person 2 Non-Person Entity	M	ID	1/1	Required	1
NM103	1035	**Name Last or Organization Name** **Description:** Individual last name or organizational name. Use this name for the organization name if the entity type qualifier is a non-person entity. Otherwise, this will be the individual's last name. **Industry: Benefit Related Entity Last or Organization Name**	O	AN	1/35	Situational	1
NM104	1036	**Name First** **Description:** Individual first name. **Industry: Benefit Related Entity First Name** **MEDI-CAL NOTE: Possibly provider first name if NM102 is "1".**	O	AN	1/25	Situational	1
NM105	1037	**Name Middle** **Description:** Individual middle name or initial. **Industry: Benefit Related Entity Middle Name** **MEDI-CAL NOTE: Possibly provider middle initial if NM102 is "1".**	O	AN	1/25	Situational	1
NM107	1039	**Name Suffix** **Description:** Suffix to individual name. **Industry: Benefit Related Entity Name Suffix** **MEDI-CAL NOTE: Possibly provider suffix ('Sr', 'Jr', 'III') if NM102 is "1".**	O	AN	1/10	Situational	1
NM108	66	**Identification Code Qualifier** **Description:** Code designating the system/method of code structure used for Identification Code (67). **Code** **Name** 24 Employer's Identification Number 34 Social Security Number **Description:** The social security number may not be used for any Federally administered programs such as Medicare. 46 Electronic Transmitter Identification Number (ETIN) **Description:** A unique number assigned to each transmitter and software developer. FA Facility Identification FI Federal Taxpayer's Identification Number MI Member Identification Number **Description:** Use this code to identify the entity's Member Identification Number associated with a payer other than the information source in Loop 2100A. This code may only be used prior to the mandated use of code "ZZ". NI National Association of Insurance Commissioners (NAIC) Identification	O	ID	1/2	Situational	1

		PI Payor Identification PP Pharmacy Processor Number **Description:** Unique number assigned to each pharmacy for submitting claims. SV Service Provider Number XV Health Care Financing Administration National Payer Identification Number (PAYERID) **Description:** Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used. 540: Health Care Financing Administration National PlanID. XX Health Care Financing Administration National Provider Identifier **Description:** Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used. ZZ Mutually Defined **Description:** The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.					
NM109	67	**Identification Code** **Description:** Code identifying a party or other code. Use this code for the reference number as qualified by the preceding data element (NM108).	O	AN	2/80	Situational	1

Industry: Benefit Related Entity Identifier

ExternalCodeList

Name: 245

Description: National Association of Insurance Commissioners (NAIC) Code

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

ExternalCodeList

Name: 540

Description: Health Care Financing Administration National PlanID

PER Subscriber Benefit Related Entity Contact Information

Pos: 360	Max: 3
Detail - Optional	
Loop: 2120C	Elements: 4

User Option (Usage): Situational

Syntax:

1. P0304 - If either PER03,PER04 is present, then all are required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
PER*IC*.....*TE*.....(Hex'0D')

For BATCH:
PER*IC*.....*TE*.....^

MEDI-CAL NOTE:

This segment can occur 3 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PER01	366	**Contact Function Code** **Description:** Code identifying the major duty or responsibility of the person or group named. **Code** **Name** IC Information Contact	M	ID	2/2	Required	1
PER02	93	**Name** **Description:** Free-form name. This name is the individual's name or group's name used when contacting the individual or organization. **Industry: Benefit Related Entity Contact Name**	O	AN	1/60	Situational	1
PER03	365	**Communication Number Qualifier** **Description:** Code identifying the type of communication number. **Code** **Name** TE Telephone	O	ID	2/2	Situational	1
PER04	364	**Communication Number** **Description:** Complete communications number including country or area code when applicable. This number is for the communication number as qualified by the preceding data element. The format for US domestic phone numbers is: AAABBBCCCC where AAA = Area Code & BBBCCCC = Local Number. **Industry: Benefit Related Entity Communication Number**	O	AN	1/10	Situational	1

LE Loop Trailer

Pos: 370	Max: 1
Summary - Optional	
Loop: 2110C	Elements: 1

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
LE*2120(Hex'0D')

For BATCH:
LE*2120^

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
LE01	447	**Loop Identifier Code** **Description:** The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE. The loop identifier in the loop header and trailer must be identical. **MEDI-CAL NOTE: '2120', per the Implementation Guide.**	M	AN	1/4	Required	1

SE Transaction Set Trailer

Pos: 380	Max: 1
Summary - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
SE*.....*000000001(Hex'0D')

For BATCH:
SE*.....*000000001^

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SE01	96	**Number of Included Segments** **Description:** A count of the number of segments included in the transaction set (inclusive of the ST and SE segments). **Industry: Transaction Segment Count**	M	N9	1/10	Required	1
SE02	329	**Transaction Set Control Number** **Description:** Identifying control number, assigned and maintained by the transaction set sender, and must match ST02. **MEDI-CAL NOTE: '000000001'. This number must be identical to ST02.**	M	N9	9/9	Required	1

GE Functional Group Trailer

Pos: 390	Max: 1
Summary - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
GE*1*000000001(Hex'0D')

For BATCH:
GE*1*000000001^

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
GE01	97	**Number of Transaction Sets Included** **Description:** A count of the number of transaction sets included in the functional group. **MEDI-CAL NOTE: '1'.**	M	N1	1/1	Required	1
GE02	28	**Group Control Number** **Description:** Identifying control number, assigned and maintained by the functional group sender, and must match GS06. **MEDI-CAL NOTE: '000000001'. This number must be identical to GS06.**	M	N9	9/9	Required	1

IEA Interchange Control Trailer

Pos: 400	Max: 1
Summary - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
IEA*2*000000001(Hex'0D')

For BATCH:
IEA*1*000000001^

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
IEA01	I16	**Number of Included Functional Groups** **Description:** A count of the number of functional groups included in the interchange response. **MEDI-CAL NOTE: For Leased-Line & Dial-Up: '2', because the HB-271 is included, and the TX-864 (Provider Mail) as well. For BATCH: '1', because there is no TX-864 returned.**	M	N1	1/1	Required	1
IEA02	I12	**Interchange Control Number** **Description:** Identifying control number, assigned and maintained by the interchange response sender, and must match ISA13. **MEDI-CAL NOTE: '000000001'. This number must be identical to ISA13.**	M	N9	9/9	Required	1

Appendix

All Included Elements in All Included Segments

Id	Elements	Used in Segments
C003	Composite Medical Procedure Identifier	EB
I01	Authorization Information Qualifier	IEA, ISA, TA1
19	City Name	N4
26	Country Code	N4
28	Group Control Number	GE, GS
66	Identification Code Qualifier	NM1
67	Identification Code	NM1
93	Name	PER
96	Number of Included Segments	SE
97	Number of Transaction Sets Included	GE
98	Entity Identifier Code	NM1
116	Postal Code	N4
124	Application Receiver's Code	GS
127	Reference Identification	BHT, PRV, REF, TRN
128	Reference Identification Qualifier	PRV, REF
142	Application Sender's Code	GS
143	Transaction Set Identifier Code	ST
156	State or Province Code	N4
166	Address Information	N3
234	Product/Service ID	EB
235	Product/Service ID Qualifier	EB
309	Location Qualifier	N4
310	Location Identifier	N4
329	Transaction Set Control Number	SE, ST
337	Time	BHT, GS
352	Description	REF
353	Transaction Set Purpose Code	BHT
355	Unit or Basis for Measurement Code	HSD
364	Communication Number	PER
365	Communication Number Qualifier	PER
366	Contact Function Code	PER
373	Date	BHT, GS
374	Date/Time Qualifier	DTP
380	Quantity	EB, HSD
447	Loop Identifier Code	LE, LS
455	Responsible Agency Code	GS
479	Functional Identifier Code	GS
480	Version / Release / Industry Identifier Code	GS
481	Trace Type Code	TRN
509	Originating Company Identifier	TRN
615	Time Period Qualifier	EB, HSD
616	Number of Periods	HSD
628	Hierarchical ID Number	HL
673	Quantity Qualifier	EB, HSD

678	Ship/Delivery or Calendar Pattern Code	HSD
679	Ship/Delivery Pattern Time Code	HSD
734	Hierarchical Parent ID Number	HL
735	Hierarchical Level Code	HL
736	Hierarchical Child Code	HL
782	Monetary Amount	EB
875	Maintenance Type Code	INS
889	Follow-up Action Code	AAA
901	Reject Reason Code	AAA
933	Free-Form Message Text	MSG
954	Percent	EB
1005	Hierarchical Structure Code	BHT
1035	Name Last or Organization Name	NM1
1036	Name First	NM1
1037	Name or Initial Middle	NM1
1039	Name Suffix	NM1
1065	Entity Type Qualifier	NM1
1068	Gender Code	DMG
1069	Individual Relationship Code	INS
1073	Yes/No Condition or Response Code	AAA, EB, INS
1167	Sample Selection Modulus	HSD
1203	Maintenance Reason Code	INS
1204	Plan Coverage Description	EB
1207	Coverage Level Code	EB
1220	Student Status Code	INS
1221	Provider Code	PRV
1250	Date Time Period Format Qualifier	DMG, DTP
1251	Date Time Period	DMG, DTP
1270	Code List Qualifier Code	III
1271	Industry Code	III
1336	Insurance Type Code	EB
1339	Procedure Modifier	EB
1365	Service Type Code	EB
1390	Eligibility or Benefit Information	EB
1470	Number	INS